



The Commonwealth of Massachusetts
Division of Professional Licensure

Application for Reciprocity - Fee \$84.00

Board of Registration of Electrology

239 Causeway Street

Boston MA 02114

BOARD USE ONLY

Board: _____

License #: _____

Type: _____

Cash #: _____

Cash Date: _____

Please attach recent passport

2 X 2

photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____

Issue Date: _____

Lic. Exp. Date: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

7. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

8. Telephone Number: Day: _____ Evening: _____

9. Social Security Number (Mandatory): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: _____ No: _____ If yes, please state the details (use a separate sheet if necessary):

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction , other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

AFFIDAVIT AND NOTARIZATION

I certify, under the pains and penalties of perjury, that the information I have provided Pursuant to this application for licensure is truthful and accurate. I understand that the Failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Electrology to deny me the right to sit as a candidate or to suspend or Revoke a license issued to me in accordance with the Massachusetts Law. I further Attest that pursuant to G.L. c.62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law

Signature of applicant

Date

NOTARY

Jurisdiction of: _____ County of: _____ SS: _____

I, _____ a notary Public in the for said county, in the

Jurisdiction of aforesaid, DO HEREBY CERTIFY that _____

Is personally known to me to be the same person whose name is subscribed to the foregoing

Instrument, appeared before me this day in person, and acknowledge that he/she signed.

Sealed and delivered the said instrument as his/her free and voluntary act, for uses and

Purposes therein set forth

Given under my hand and notorial seal this _____ day of _____ 20_____

Notary Public

My commission expires